Medical Coverage Comparison Chart

July 1, 2006 to June 30, 2007	Aetna Open Choice PPO		Aetna Open Access Elect Choice EPO	MMSI (Mayo) PPO	
	In-Network Benefits	Out-of-Network Benefits		In-Network Benefits	Out-of-Network Benefits
Choice of Physician	Choice of in-network physician(s) or out-of-network physician(s)		Choice of in-network physician(s) only, no pre-selection of a primary care physician necessary	Choice of in-network physician(s) or out-of-network physician(s)	
Deductible per Plan Year	$1,750 Individual $3,500 Family	$3,500 Individual $7,000 Family	None	$500 Individual $1,000 Family	$1,000 Individual $2,000 Family
Annual Out-of-Pocket Maximum	$4,000 Individual $8,000 Family	$6,000 Individual $12,000 Family	$1,500 Individual $3,000 Family	$3,000 Individual $6,000 Family	$4,000 Individual $8,000 Family
Basic Care					
Primary Physician Office Visits (Family & General Practice, Internal Medicine, OB/GYN & Pediatrician)	90% after deductible	70% after deductible	$15 co-pay per visit	$15 co-pay per visit	70% after deductible
Specialist Physician Office Visit	90% after deductible	70% after deductible	$30 co-pay per visit	$30 co-pay per visit	70% after deductible
Outpatient X-ray & Laboratory	90% after deductible	70% after deductible	No co-pay	90% after deductible	70% after deductible
Physical, Occupational, Speech Therapy (maximum 60 visits per plan year)	90% after deductible	70% after deductible	$15 co-pay per visit	90% after deductible	70% after deductible
Hearing & Vision					
Hearing Examinations	$10 co-pay per visit	No benefit	$10 co-pay per visit	$10 co-pay per visit	No benefit
Vision Basic Examinations	$10 co-pay per visit	No benefit	$10 co-pay per visit	$10 co-pay per visit	No benefit
Vision Materials (frames, lenses, contact lens exam/fitting, etc.)	Discounts available through Vision One program at Sears, JC Penney & Target		Discounts available through Vision One program at Sears, JC Penney & Target	Discounts available through VSP	
Wellness					
Routine Physicals, Exams, Pap Smears and Mammograms	90% after deductible	70% after deductible	$15 co-pay per visit, Mammograms - no co-pay	$15 co-pay per visit	70% after deductible
Well Baby Care	90% after deductible	70% after deductible	$15 co-pay per visit	$15 co-pay per visit	70% after deductible
Chiropractor (maximum 20 visits per plan year)	90% after deductible	70% after deductible	$15 co-pay per visit	90% after deductible	70% after deductible
Immunizations/Allergy Injections	90% after deductible	70% after deductible	No charge	No charge	No charge
Maternity Care					
Office Visits	90% after deductible	70% after deductible	$15 co-pay first visit	$15 co-pay first visit	70% after deductible
Delivery	90% after deductible	70% after deductible	$300 co-pay	90% after deductible	70% after deductible
Inpatient Hospital Care & Outpatient Surgery					
Inpatient Hospital	90% after deductible	70% after deductible	$300 co-pay per admission	90% after deductible	70% after deductible
Outpatient Surgery	90% after deductible	70% after deductible	$150 co-pay	90% after deductible	70% after deductible

July 1, 2006 to June 30, 2007	Aetna Open Choice PPO		Aetna Open Access Elect Choice EPO	MMSI (Mayo) PPO	
	In-Network Benefits	Out-of-Network Benefits		In-Network Benefits	Out-of-Network Benefits
Emergency Care & Urgent Care					
Emergency Room (waived if admitted)	$100 co-pay, plus 10% co-insurance after deductible	$100 co-pay, plus 10% co-insurance after in-network deductible	$100 co-pay	$100 co-pay, plus 10% co-insurance after deductible	$100 co-pay, plus 10% co-insurance after in-network deductible
Urgent Care Facility	$50 co-pay, plus 10% co-insurance after deductible	$50 co-pay, plus 10% co-insurance after in-network deductible	$50 co-pay per visit	$50 co-pay, plus 10% co-insurance after deductible	$50 co-pay, plus 10% co-insurance after in-network deductible
Ambulance					
Ground	90% after deductible	70% after deductible	No co-pay	90% after deductible	90% after deductible
Air	90% after deductible	70% after deductible	No co-pay	90% after deductible	90% after deductible
Extended Care					
Home Health Care (maximum 40 visits per plan year)	90% after deductible	70% after deductible	$15 co-pay per visit	90% after deductible	70% after deductible
Skilled Nursing (maximum 60 days)	90% after deductible	70% after deductible	$150 co-pay per admission	90% after deductible	70% after deductible
Hospice Care	90% after deductible	70% after deductible	No co-pay, no deductibles	90% after deductible	70% after deductible
Prescriptions					
Generic	10% co-insurance ($10 min-$20 max)	50% co-insurance	10% co-insurance ($10 min-$20 max)	10% co-insurance ($10 min-$20 max)	50% co-insurance
Brand Name	20% co-insurance ($20 min-$40 max)	50% co-insurance	20% co-insurance ($20 min-$40 max)	20% co-insurance ($20 min-$40 max)	50% co-insurance
Non-Formulary	40% co-insurance ($40 min-$80 max)	50% co-insurance	40% co-insurance ($40 min-$80 max)	40% co-insurance ($40 min-$80 max)	50% co-insurance
Mail Order Generic	$20 (90-day supply)	No benefit	$20 (90-day supply)	$20 (90-day supply)	No benefit
Mail Order Brand Name	$50 (90-day supply)	No benefit	$50 (90-day supply)	$50 (90-day supply)	No benefit
Mail Order Non-Formulary	$100 (90-day supply)	No benefit	$100 (90-day supply)	$100 (90-day supply)	No benefit
Mental Health					
CIGNA Behavioral Health Outpatient Psychological Consultations	$10 co-pay, no deductibles		$10 co-pay, no deductibles	$10 co-pay, no deductibles	
Non-CIGNA Behavioral Health Outpatient Psychological Consultations	In-network 90% after deductible, out-of-network 70% after deductible		No benefit	90% after deductible	
CIGNA Behavioral Health Inpatient Care	No benefit		$150 co-pay per admission; covered at 80%	No benefit	
Non-CIGNA Behavioral Health Inpatient Care	$150 co-pay per admission, covered at 80%		No benefit	$150 co-pay per admission, covered at 80%	
Maximum Lifetime Benefit					
Lifetime Maximum	$2,000,000		None	$2,000,000	